

**HOMEOWNER ASSOCIATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**ASSOCIATION**

**NAME:** Paso De Lago Homeowners Association

**ASSOCIATION**

**TAX ID NUMBER:** \_\_\_\_\_

I (We) hereby authorize \_\_\_\_\_, hereinafter called ASSOCIATION, to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**DEPOSITORY**

**NAME:** \_\_\_\_\_ **BRANCH:** \_\_\_\_\_ **MONTHLY DEBIT AMOUNT:** \$ \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**\*\*ACH/ROUTING**

**NUMBER:** \_\_\_\_\_

(\*\*PLEASE VERIFY WITH YOUR BANK FOR THE PROPER #)

**ACCOUNT**

**NUMBER:** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

(YOUR ID # IS YOUR ACCOUNT # OR ONSITE PROPERTY ADDRESS)

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**\*PLEASE PROVIDE A PHOTOCOPY OF A CHECK OR A VOIDED CHECK WITH YOUR ACCOUNT NUMBER**

**\*\*YOU MUST VERIFY WITH YOUR FINANCIAL INSTITUTION THE CORRECT ABA ROUTING/TRANSIT NUMBER THAT SHOULD BE USED FOR ACH DEBITS.**